Meeting / Event Checklist

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Participant Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meeting Room Requirements** | |
| Conference Room(s) Reserved | Room(s) # |
| Yes  No |  |
| Room Layout: | U-Shaped  Auditorium Style  Classroom  Hollow Square |
| Podium Needed: | Yes  No |
| **A/V Required**  Yes  No | |
| Video Conference: | Yes  No |
| A/V Cart Reserved: | Yes  No  N/A |
| Teleconference: | Yes  No |
| Dial-In Information: | Yes  No  N/A |
| **Presentation Requirements** |  |
| Agenda Finalized | Yes  No |
| Presentation Folders Required: | Yes  No # of folders needed: |
| Presentation Folders Ordered: | Yes  No Date Ordered: |
| Electronic copies of presentation documents received & copied: | Yes  No |
| Notepads / Pens Ordered: | Yes  No Date Ordered: |
| Presentation saved to USB: | Yes  No |
| **Catering** | |
| **Breakfast required:** | Yes  No |
| Will food need to be picked up: | Yes  No |
| Vendor name: |  |
| Vendor phone number: |  |
| Requested delivery time: |  |
| Food set-up: | Inside meeting room  Café |
| Breakfast meal will be cleared by (time): |  |
| **Lunch required:** | Yes  No |
| Will food need to be picked up: | Yes  No |
| Vendor name: |  |
| Vendor phone #: |  |
| Requested delivery time: |  |
| Food set-up: | Inside meeting room  Café |
| Lunch meal will be cleared by (time): |  |
| **Dinner required:** | Yes  No |
| Will dinner be on-site or off-site: | On-site  Off-site |
| If on-site, vendor name: |  |
| If on-site, vendor phone #: |  |
| Requested delivery time: |  |
| Food set-up: | Inside meeting room  Café |
| Dinner meal will be cleared by (time): |  |
| If off-site, restaurant name: |  |
| Reservation confirmed: | Yes  No |
| Date / Time: | Party Size: |
| Transportation confirmed: | Yes  No Vendor: |
| Direct Bill: | Yes  No |

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| **Breakouts (optional)** | |
| Will there be session breakouts? | Yes  No |
| Please list breakout times: |  |
| How long is each breakout? |  |
| Breakout food required: |  |
| Will food for breakout be delivered or will it be purchased in advance? |  |
| If food will be delivered please list vendor name & phone #: |  |
| If food will be delivered, please list delivery time(s): |  |

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| **Security** | |
| Participant List forward to security email? | Yes  No |
| Vendor information sent to security email? | Yes  No |
| Participant list forward to receptionist? | Yes  No |
| Vendor Information sent to receptionist? | Yes  No |
| Who should receptionist page once food arrives? |  |

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| Notes / Reminders: |